

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747
 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
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**SUPPLEMENTAL COMBINED DECLARATION AND POWER OF ATTORNEY
 FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

USE OF RECOMBINANT PARAINFLUENZA VIRUSES (PIVs) AS VECTORS TO PROTECT AGAINST INFECTION AND DISEASE CAUSED BY PIV AND OTHER HUMAN PATHOGENS
 the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate Information -

The specification was filed on 12/08/2000 as United States Application Number 09/733,692 ;
 and amended on _____ (if applicable) and/or _____

For Use Without Specification Attached:

the specification was filed on _____ as PCT International Application Number _____ ;
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I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

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Priority Claimed

Insert Priority Information (if appropriate)

(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
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60/059,385	September 19, 1997
(Application Number)	(Filing Date)
60/047,575	May 23, 1997
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60/170,195	December 10, 1999
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Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →
Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Brian R. MURPHY	INVENTOR'S SIGNATURE <i>Brian R. Murphy</i>	DATE* 12/16/06
Residence (City, State & Country) Bethesda, Maryland, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) 5410 Tuscawawas Road, Bethesda, Maryland 20816, USA		
GIVEN NAME/FAMILY NAME Peter L. COLLINS	INVENTOR'S SIGNATURE <i>Peter L. Collins</i>	DATE* 12/19/06
Residence (City, State & Country) Silver Spring, Maryland, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) 2921 Woodstock Ave., Silver Spring, Maryland 20910, USA		
GIVEN NAME/FAMILY NAME ALEXANDER C. SCHMIDT	INVENTOR'S SIGNATURE <i>Alexander C. Schmidt</i>	DATE* 12/18/06
Residence (City, State & Country) Washington, DC, USA Bethesda, MD, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) 1631 Belmont Road, #203 NW, Washington, D.C. 20009, USA 5411 Roosevelt St., Bethesda, MD 20817		
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Attorney Docket No. 1173-1050PUS1

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Full Name of First
or Sole Inventor
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship
Insert Post Office
Address

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

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MAILING ADDRESS (Complete Street Address including City, State & Country) 5410 Tuscarawas Road, Bethesda, Maryland 20816, USA		
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GIVEN NAME/FAMILY NAME Anna P. DURBIN	INVENTOR'S SIGNATURE <i>Anna P. Durbin</i>	DATE* 01/10/07
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Full Name of First or Sole Inventor
Insert Name of Inventor
Insert Date This Document is Signed

Insert Residence
Insert Citizenship
Insert Post Office Address

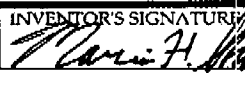
Full Name of Second Inventor, if any:
see above

Full Name of Third Inventor, if any:
see above

Full Name of Fourth Inventor, if any:
see above

Full Name of Fifth Inventor, if any:
see above

Full Name of Sixth Inventor, if any:
see above

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Attorney Docket No. 1173-103PUS1

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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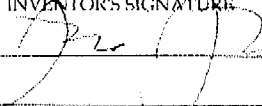
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